



## **Covered California 2016 Plans and Benefits Updates**

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# Partner Tool Kits

The screenshot shows the Covered California website homepage. At the top left is the Covered California logo. To its right are navigation links: "EXPLORE What's Right for You", "PREVIEW Health Plans", "APPLY To Get Covered", and "GET HELP Find Answers". Below this is a main banner with a photo of a bride and groom. The banner text reads "Healthy, Happy, Covered." and "Life-changing events may qualify you for special enrollment." To the right of the photo is a "YOU'RE IN" badge and a call to action: "Resources to Help You Keep and Use Your Covered California Health Insurance Plan". Below the banner is a row of five buttons: "Tell a Friend", "Shop and Compare", "Partner Resources" (highlighted with a red box), "Small Businesses", and "Medi-Cal". At the bottom of the page is a footer with several columns of links, including "Resources", "Featured Links", "Other Languages", and "Covered California is powered by both" (with logos for CALIFORNIA Health Benefit Exchange and DHCS). The "Partner Tool Kit" link in the "Resources" column is also highlighted with a red box.

## Updates to CoveredCA.com 11/1/15



The gray Partner Resources button is relocated as a link in the footer that says Enrollment Partners.

# Partner Tool Kits



Account Sign In | Español

**EXPLORE**  
What's Right For You

**PREVIEW**  
Health Plans

**APPLY**  
To Get Covered

**GET HELP**  
Find Answers

Home > Community Partner Resources

**Community Partners**

Enter Portal

**Certified Insurance Agents**

Enter Portal

**Certified Plan-Based Enrollers**

Enter Portal

**Partner Tool Kit**



**I'd like to Become a Partner**



**Community Partner Newsletter**



# Partner Tool Kits

## Webinars & Briefings for Certified Enrollment Representatives



Webinars



Agent Briefing



Community Partner Briefing

Click on the resource headers below for detailed information.

- ▶ **Webinars**
- ▶ **Agent Briefing**
- ▶ **Community Partner Briefing**
- ▶ **Downloads**

## Enrollment Partner Tool Kit



### Tool Kits for Enrollers

- Webinars & Briefings ▶
- 2016 Renewal Tool Kit ▶
- IRS Form 1095-A Tool Kit ▶
- Small Business Tool Kit ▶



### Tool Kits for Outreach

- School Educator Partner Tool Kit ▶

# Partner Tool Kits



## 2016 RENEWAL TOOLKIT FOR CERTIFIED REPRESENTATIVES

The Renewal Toolkit for Certified Representatives and resources you need to help you guide consumers. This toolkit includes notices and resources you need quickly and frequently for updates.

### Three Simple Steps to Continued Coverage

## Renew Your Coverage

**REMEMBER THE DATE**

1

REMEMBER

**REMEMBER THE DATE**

As a current Covered California member, you have the opportunity to renew your coverage beginning October 12, 2015. It's quick, it's easy, and it's one less thing you'll have to think about.

**Remember:** To have coverage on January 1, 2016 you must renew your health plan by December 15, 2015.

**REVIEW YOUR OPTIONS**

2

REVIEW

**REVIEW YOUR OPTIONS**

Simply log on to your Covered California e Enrollment Representative to review your options.

If you are satisfied with your plan, keep it with the same coverage. If not, this is the time to change:

- Your monthly premiums may have changed
- Your provider network may have changed

**RENEW YOUR COVERAGE**

3

RENEW

**RENEW YOUR COVERAGE**

Right now, you can enjoy the advantage of your side. So get the peace of mind that your insurance is set for the year ahead—well in time! deadline draws near. Check your 2016 rate on Covered.CA.com to find the plan that best fits your needs.

**Renew your plan beginning October 12, 2015.**

For more information or to find free, confidential local help, please contact your **Agent** or visit [CoveredCA.com](http://CoveredCA.com)

- Resource**
- [Authorization for Consent Notice](#)
  - [Consent for Verification Talking Points](#)
  - [Job Aid: View and Update Consent for Verification](#)
- Resource**
- [Pre-Termination Notice](#)
  - [Citizenship/Legal Presence Inconsistency Notice](#)

- 2016 Health Plan Benefit Design Chart
- Renewal Reminder for Consumers
- Notices, Talking Points, FAQs, Job Aids



### 2016 Standard Benefit Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible

Coverage Category	Minimum Coverage	Bronze	Silver	Enhanced Silver 73	Enhanced Silver 87	Enhanced Silver 94	Gold	Platinum
Percent of cost coverage	Covers 0% until out-of-pocket maximum is met	Covers 60% average annual cost	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	\$23,451 to \$29,425 (>200% to ≤250% FPL)	\$17,656 to \$23,450 (>150% to ≤200% FPL)	up to \$17,655 (100% to ≤150% FPL)	N/A	N/A
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	after first 3 non-preventive visits, pay negotiated carrier rate per instance until out-of-pocket maximum is met	\$70*	\$45	\$40	\$15	\$5	\$35	\$20
Specialist Visit		\$90*	\$70	\$55	\$25	\$8	\$55	\$40
Urgent Care		\$120*	\$90	\$80	\$30	\$6	\$60	\$40



# 2016 PLAN PORTFOLIO

# 2016 Health Plan Portfolio

- Anthem Blue Cross of California
- Blue Shield of California
- Chinese Community Health Plan
- Health Net
- Kaiser Permanente
- L.A. Care Health Plan
- Molina Healthcare
- Oscar Health Plan\*
- Sharp Health Plan
- UnitedHealthcare of California\*
- Valley Health Plan
- Western Health Advantage

***\*New for 2016!***

# 2016 New Health Plans

## **Oscar offers EPO plans in the following areas:**

Los Angeles (Region 16)

Orange County (Region 18)

## **UnitedHealthcare offers PPO plans in the following areas:**

Northern Counties (Region 1)

Santa Cruz, San Benito, Monterey (Region 9)

Fresno, Kings, Madera counties (Region 11)

Central Coast (Region 12)

Eastern counties (Region 13)

# 2016 Family Dental Plan Portfolio

- Access Dental Plan
- Anthem Blue Cross
- Delta Dental of California
- Dental Health Services
- Premier Access

# 2016 STANDARD BENEFIT DESIGNS

# 2016 QHP Benefit Plan Changes - Global

- Silver coinsurance and copay plan designs combined to single silver plan design
- Pharmacy Tiers defined and renamed:
  - Tier 1 (previously generics)
  - Tier 2 (previously preferred brand drugs)
  - Tier 3 (previously non-preferred brand drugs)
  - Tier 4 (previously specialty drugs)
- New Pharmacy Deductible (previously Brand Drug)
- Tier 4 Drug Cap
- Other Practitioner Office Visit
- Outpatient Services Visit
- Mental Health Parity Compliance

# 2016 Platinum 90 Copay Plan Design

Benefit or Cost Share	2015 (Prior cost-share)	2016 Changes
Outpatient Services	\$250 for both facility and physician fees	\$250 for surgery facility fee / \$40 for physician. There is now a physician fee in the platinum copay plan instead of \$250 copay for both benefits
Emergency Services	\$150 for ER services	\$150 for facility fee /no charge for physician/surgeon fees instead of \$150 copay for total ER benefit
Inpatient Hospital Stay	\$250 per day up to 5 days	\$250 for facility up to 5 days /\$40 for physician/surgeon fees instead of \$250 copay for both benefits; same change for Mental Health, Substance Use, and Pregnancy.
Tier 4 (Specialty Drugs)	10%	Added cap of \$250 per prescription
Other practitioner office visit	Not applicable	Cost share is \$20. See endnote #16 in the link below.
Outpatient Visit	Not applicable	10%. See endnote #17.

[http://board.coveredca.com/meetings/2015/5-21/2016%20Standard%20Benefit%20Plan%20Designs\\_Second%20Readopt\\_05%2021%2015.pdf](http://board.coveredca.com/meetings/2015/5-21/2016%20Standard%20Benefit%20Plan%20Designs_Second%20Readopt_05%2021%2015.pdf)

# 2016 Platinum 90 Coinsurance Plan Design

Benefit or Cost Share	2015 (Prior cost-share)	2016 Changes
Emergency Services	\$150 for ER room services	\$150 for facility fee /10% for physician/surgeon fees instead of \$150 copay for total ER benefit
Tier 4 (Specialty Drugs)	10%	Added cap of \$250 per prescription
Other practitioner office visit	Not applicable	Cost share is \$20. See endnote #16.
Outpatient Visit	Not applicable	10%. See endnote #17.

# 2016 Gold 80 Copay Plan Design

Benefit or Cost Share	2015 (Prior cost-share)	2016 Changes
Out-of-Pocket Maximum	\$6,250	\$6,200
Primary care visit	\$30	\$35. New cost-share also applies to Mental Health/Substance Use Disorder outpatient office visits.
Specialist Visit	\$50	\$55
Tier 1 (Generic Drug)	\$15	No changes
Other practitioner office visit	Not applicable	Cost share is \$35. See endnote #16.
Tier 4 (Specialty Drugs)	20%	Added cap of \$250 per prescription
Outpatient Services	\$600 for both facility fee and surgeon fees	\$600 for facility / \$55 for physician/surgeon fees instead of \$600 copay for both benefits
Outpatient Visit	Not applicable	20%. See endnote #17.
Emergency Services	\$250 for ER services	\$250 for facility /no charge for physician/surgeon fees instead of \$250 copay for total ER benefit
Inpatient Hospital Stay	\$600 per day up to 5 days	\$600 for facility /\$55 for physician/surgeon fees instead of \$600 copay for both benefits; same change for Inpatient Mental Health, Substance Use, and Pregnancy
Outpatient Rehabilitation Services	\$30	\$35
Outpatient Habilitation Services	\$30	\$35

# 2016 Gold 80 Coinsurance Plan Design

Benefit or Cost Share	2015 (Prior cost-share)	2016 Changes
Out-of-Pocket Maximum	\$6,250	\$6,200
Primary care visit	\$30	\$35. New cost-share also applies to Mental Health/Substance Use Disorder outpatient office visits.
Specialist Visit	\$50	\$55
Other practitioner office visit	Not applicable	Cost share is \$35. See endnote #16.
Outpatient Visit	Not applicable	20%. See endnote #17.
Lab Tests	\$30	\$35
Tier 1 (Generic Drug)	\$15	No changes
Tier 4 (Specialty Drugs)	20%	Added cap of \$250 per prescription
Emergency Services	\$250 for both facility and physician fees	\$250 for facility fee /20% for physician/surgeon fees instead of \$250 copay for both benefits

# New for 2016 Silver 70 Plan Design

## Silver Copay and Silver Coinsurance Plan Designs Combined

Benefit or Cost Share	2015 (Prior cost-share)	2016 Changes
Other practitioner office visit	Not applicable	\$45. See endnote #16.
Specialist Visit	\$65	\$70
Tier 4 (Specialty Drugs)	20%	Added cap of \$250 to coinsurance
Lab Tests	\$45	\$35
Imaging	20% after deductible (\$250 for Silver Copay Plan)	\$250 copay; deductible no longer applies
Outpatient Visit	Not applicable	20%. See endnote #17.
Emergency Services	\$250 for both facility and physician fees	\$250 for facility /\$50 for physician/surgeon fees instead of \$250 copay for total ER benefit
Inpatient Hospital Services	20% after deductible for facility / 20% for physician fee (20% after deductible for both facility and physician for Silver Copay Plan)	Coinsurance is the same but the deductible now applies to both physician/surgeon fees and facility fee; same change for inpatient Mental Health, Substance Use, and Pregnancy Delivery physician fee
Home Health	20% (\$45 for Silver Copay Plan)	\$45

# New for 2016 Silver 94 Plan Design

## Silver 94 Copay and Silver 94 Coinsurance Plan Designs Combined

Benefit or Cost Share	2015 (Prior cost-share)	2016 Changes
Medical Deductible	\$0	\$75
Primary care visit	\$3	\$5
Other practitioner office visit	Not applicable	\$5. See endnote #16.
Specialist Visit	\$5	\$8
Lab Tests	\$3	\$8
X-rays	\$5	\$8
Imaging	10%	\$50
Tier 2 (Preferred Brand Drugs)	\$5	\$10
Tier 3 (Nonpreferred Brand Drugs)	\$10	\$15
Tier 4 (Specialty Drugs)	10%	Added cap of \$150 per prescription
Emergency Services	\$25	\$30 for facility /\$25 for physician/surgeon fees instead of \$25 copay for total ER benefit
Outpatient Visit	Not applicable	10%. See endnote #17.
Inpatient Hospital Stay	10% (no deductible)	Deductible applies to both facility and physician/surgeon fees; same change for Inpatient Mental Health, Substance Use, and Pregnancy Delivery physician fee
Mental Health Outpatient Visits	\$3	\$5
Substance Use Outpatient Visits	\$3	\$5
Home Health	10%	\$3
Outpatient Rehab	\$3	\$5
Outpatient Habilitation Services	\$3	\$5
Skilled Nursing Facility	10% (no deductible)	Deductible now applies to Skilled Nursing Facility

# New for 2016 Silver 87 Plan Design

## Silver 87 Copay and Silver 87 Coinsurance Plan Designs Combined

Benefit or Cost Share	2015 (Prior cost-share)	2016 Changes
Medical Deductible	\$500	\$550
Other practitioner office visit	Not applicable	\$15. See endnote #16.
Specialist Visit	\$20	\$25
X-rays	\$20	\$25
Imaging	15% after deductible	\$100 / No deductible
Tier 2 (Preferred Brand Drugs)	\$15	\$20
Tier 3 (Nonpreferred Brand Drugs)	\$25	\$35
Tier 4 (Specialty Drugs)	15%	Added cap of \$150 per prescription
Emergency Services	\$75 after deductible	\$75 for facility /\$40 for physician/surgeon fees (both after deductible) instead of \$75 copay for total ER benefit
Outpatient Services	Not applicable	15%. See endnote #17.
Inpatient Hospital Stay	15% after deductible for facility / 15% for physician fee	Deductible applies to physician/surgeon fees; same change for Inpatient Mental Health, Substance Use, and Pregnancy Delivery physician fee
Home Health	15%	\$15

# New for 2016 Silver 73 Plan Design

## Silver 73 Copay and Silver 73 Coinsurance Plan Designs Combined

Benefit or Cost Share	2015 (Prior cost-share)	2016 Changes
Medical Deductible	\$1,600	\$1,900
Out-of-pocket Maximum	\$5,200	\$5,450
Other practitioner office visit	Not applicable	\$40. See endnote #16.
Specialist Visit	\$50	\$55
Lab Tests	\$40	\$35
Imaging	20% after deductible	\$250 / No deductible
Tier 2 (Preferred Brand Drugs)	\$35	\$45
Tier 3 (Nonpreferred Brand Drugs)	\$60	\$70
Tier 4 (Specialty Drugs)	20%	Added cap of \$250 per prescription
Emergency Services	\$250 after deductible	\$250 for facility /\$50 for physician/surgeon fees instead of \$250 copay for total ER benefit
Outpatient Visit	Not applicable	20%
Home Health	20%	\$40

# 2016 Bronze Plan Design

## Changes in Deductible and Pharmacy Benefits

Benefit or Cost Share	2015 (Prior cost-share)	2016 Changes
Out-of-Pocket Maximum	\$6,250	\$6,500
Medical Deductible	\$5,000 combined medical/Rx	\$6,000 for the medical deductible; <b>Member pays 100% of the cost of services until MOOP is met.</b> For all services with a previous member cost-share of 30% coinsurance or copay after deductible: member cost share is now "100%" after deductible until the MOOP of \$6,500 is met.
Pharmacy Deductible	Not applicable	\$500 for the pharmacy deductible; <b>Member pays 100% of the cost of services until MOOP is met.</b> For all services with a previous member cost-share of 30% coinsurance or copay after deductible: member cost share is now "100%" after deductible until the MOOP of \$6,500 is met.
Tier 1 (Generic Drugs)	\$15 after deductible	100% up to \$500 per prescription after deductible
Tier 2 (Preferred Brand Drugs)	\$50 after deductible	100% up to \$500 per prescription after deductible
Tier 3 (Nonpreferred Brand Drugs)	\$75 after deductible	100% up to \$500 per prescription after deductible
Tier 4 (Specialty Drugs)	30% after deductible	100% up to \$500 per prescription after deductible

# 2016 Bronze Plan Design

Benefit or Cost Share	2015 (Prior cost-share)	2016 Changes
Primary care visit	\$60 (first three non-preventive visits are at the copay amount; deductible applies after those three visits)	\$70; Deductible applies after first three primary care/specialist visits at the copay amount have been accumulated.
Specialist Visit	\$70 after deductible	\$90; Deductible applies after three primary care/specialist visits at the copay amount have been accumulated
Other practitioner office visit	Not applicable	\$70; Deductible applies after three primary care/specialist visits at the copay amount have been accumulated. See endnote #16.
Lab Tests	30% after deductible	\$40 (no longer subject to deductible)
Outpatient visit	Not applicable	100% after deductible. See endnote #17.
Mental Health Outpatient Visits	\$60 (first three non-preventive visits are at the copay amount; deductible applies after those three visits)	\$70; Deductible applies after first three non-preventive visits at the copay amount have been accumulated.
Substance Use Outpatient Visits	\$60 (first three non-preventive visits are at the copay amount; deductible applies after those three visits)	\$70; Deductible applies after first three non-preventive visits at the copay amount have been accumulated.
Outpatient Rehab	\$60 after deductible	\$70; deductible no longer applies
Outpatient Habilitation Services	\$60 after deductible	\$70; deductible no longer applies

# 2016 FAMILY DENTAL PLANS

# Dental Plans and Benefits

## Children's (Pediatric) Dental is one of the ten Essential Health Benefits

- All health plans on the Individual Market include children's dental benefits for members younger than 19 years
  - Free diagnostic and preventive services
  - Comprehensive coverage for basic and major treatment services, not subject to a deductible
- In 2016, Covered California will offer family dental plans as a separate purchase:
  - Includes both children's and adult dental benefits
  - Dental plan purchase is optional, not subject to the individual mandate
  - APTC cannot be applied to dental plan purchase

# New in 2016: Family Dental Plans

**Family dental plans** are a new product that will make adult dental benefits available through Covered California for the first time.

## Purchase Requirements

- Childless adults are allowed to purchase family dental plans.
- At least one adult aged 19 or older must enroll.
- If a family enrolls one child younger than 19, they must enroll all children.

## Important Adult Benefit Details

- Adult preventive and diagnostic services are available at no cost, and are not subject to deductible.
- Adult dental benefits are not essential health benefits, which means there is no out-of-pocket maximum for adult members.

# Children and Family Dental Plans

If the same children's benefits are included in the health plan, why buy a separate dental plan?

→ consumer preferences regarding provider networks and cost share structure

Embedded Children's Dental Coverage	
Covered California Health Insurance Plan	Children's Dental Coverage Embedded in Health Insurance
Anthem Blue Cross of California	Anthem Blue Cross DHMO, DPPO
Blue Shield of California	Dental Benefit Providers DPPO
Chinese Community Health Plan	Delta Dental of California DHMO
Health Net	Dental Benefit Providers DHMO, DPPO
Kaiser Permanente	Delta Dental of California DHMO
L.A. Care Health Plan	Liberty Dental Plan DHMO
Molina Healthcare	California Dental Network DHMO
Oscar Health Plan of California*	Liberty Dental Plan DHMO
Sharp Health Plan	Access Dental Plan DHMO
UnitedHealthcare Benefits Plan of California*	Dental Benefit Providers DPPO
Valley Health Plan	Liberty Dental Plan DHMO
Western Health Advantage	Access Dental DHMO

# 2016 Family Dental Plan Portfolio

- Access Dental Plan (DHMO)
- Anthem Blue Cross (DPPO)
- Delta Dental of California (DHMO, DPPO)
- Dental Health Services (DHMO)
- Premier Access (DPPO)

# 2016 Family Dental Plan Benefits

## Dental HMO (DHMO) Plans

- Offers member copays and lower premiums.
  - There is no deductible, waiting period or annual benefit limit in the DHMO plans.
  - Out-of-network services are not covered under this option.

## Dental PPO (DPPO) Plans

- Offers member co-insurance, some out-of-network benefits and more choices in providers.
- Adult dental benefits in DPPO plans include a **six-month waiting period for major services**.
- Adult dental benefits in DPPO plans are subject to a **\$1,500 annual benefit limit**. This is the most the plan will pay for an individual adult member's dental care for the benefit year.

# 2016 Family Dental Plan Detailed Benefit Summary

## Covered California Family Dental Plan Standard Benefit Designs 2016

ENROLLEE PAYS – DPPO		
Coverage category	Child	Adult
Diagnostic and preventive (includes X-rays, exams, cleanings and sealants)	0%	0%
Amalgam filling – one surface	20%	20%
Root canal – molar	50%	50%
Gingivectomy per quad	50%	50%
Extraction – single tooth, exposed root or erupted	50%	50%
Extraction – complete bony	50%	50%
Crown – porcelain with metal	50%	50%
Medically necessary orthodontia	50%	not covered
Enrollee costs		
Deductible (waived for diagnostic and preventive)	\$ 65	\$ 50
Annual benefit limit	none	\$ 1,500
Individual out-of-pocket maximum	\$ 350	N/A
Family out-of-pocket maximum (two or more children)	\$ 700	N/A
Office copay	\$ 0	\$ 0
Waiting period	none	6 months* for major services

ENROLLEE PAYS – DHMO		
Coverage category	Child	Adult
Diagnostic and preventive (includes X-rays, exams, cleanings and sealants)	\$ 0	\$ 0
Amalgam filling – one surface	\$ 25	\$ 25
Root canal – molar	\$ 300	\$ 300
Gingivectomy per quad	\$ 150	\$ 150
Extraction – single tooth, exposed root or erupted	\$ 65	\$ 65
Extraction – complete bony	\$ 160	\$ 160
Crown – porcelain with metal	\$ 300	\$ 300
Medically necessary orthodontia	\$ 350	not covered
Enrollee costs		
Deductible (waived for diagnostic and preventive)	\$ 0	\$ 0
Annual benefit limit	none	none
Individual out-of-pocket maximum	\$ 350	N/A
Family out-of-pocket maximum (two or more children)	\$ 700	N/A
Office copay	\$ 0	\$ 0
Waiting period	none	none

\* Waived with proof of prior coverage.

The listed services and the associated cost-sharing amounts represent a summary of services the plan provides. Please refer to the plan's Policy or Evidence of Coverage for a complete list of covered services provided and any exclusions and limitations on those services.

### Children's dental benefit notes (only applicable to the pediatric portion of the family dental plan)

- In a coinsurance plan, each child is responsible for the individual deductible unless the family deductible has been met. Once a child's individual deductible or the family deductible is reached, cost-sharing applies until the child's out-of-pocket maximum is reached.
- Cost-sharing payments made by each individual child for in-network services accrue to the child's out-of-pocket maximum. Once the child's individual out-of-pocket maximum has been reached, the plan pays all costs for covered services for that child.
- In a plan with two or more children, cost-sharing payments made by each individual child for in-network services contribute to the family deductible, if applicable, as well as the family out-of-pocket maximum.
- Only enrollees in a Covered California Platinum, Gold, Silver or Bronze health insurance plan are eligible to purchase family dental plans.

### Adult dental benefit notes (only applicable to the family dental plan)

- Each adult is responsible for an individual deductible.
- Families that wish to purchase a family dental plan must include at least one adult who has purchased a Platinum, Gold, Silver or Bronze insurance plan through Covered California.
- If a child is enrolled in the family dental plan, all children in the family under age 19 must be enrolled in the same family dental plan.



# 2016 Family Dental Plan Exclusions & Limitations



Family Dental Plans | ADULT DENTAL EXCLUSIONS AND LIMITATIONS

Covered Service by frequency	Dental Plan A DHMO	Dental Plan B DHMO	Dental Plan C DPO	Dental Plan D DPO	Dental Plan E DPO	Dental Plan F DHMO	Dental Plan G DHMO	Dental Plan H DHMO	Dental Plan I DHMO
Oral Exam	1 in 6 months		2 in 12 months	1 in 6 months	1 in 6 months			1 in 6 months	
Prophylaxis (cleaning)	2 in 12 months	2 in 12 months	2 in 12 months	2 in 12 months	1 in 6 months		2 in 12 months	2 in 12 months	2 in 12 months
Bitewings X-Rays									
Full Mouth X-Ray									
Periodontal Maintenance (gum maintenance)									
Periodontal Scaling and Root Planing									
Filling									
Replacement of a Crown									
Root Canal									
Extraction									
Fixed Bridge Procedures									
Partial Dentures									
Complete Dentures									
Excluded Services	implants	implants	implants	implants	implants	implants	implants	implants	implants

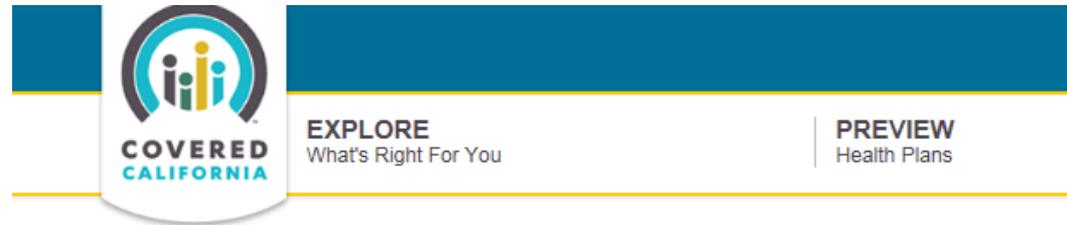
*final document coming soon!*



# How to Enroll in Family Dental

Consumers are offered the option to shop for a dental plan after they complete their health plan selection in CalHEERS.

Family Dental Plan enrollment is available **now** to renewing QHP members.



## What kind of application are you starting?

SELECT ONE AND CLICK CONTINUE.

 <b>Individuals &amp; Families</b> Selecting health insurance for me and my family.	 <b>Employer</b> Setting up health insurance for a small business.	 <b>Employee</b> I work for a company that offers health insurance through Covered California.
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Continue

Certified Enrollment Counselors and Certified Insurance Agents, please [Start Here](#).

If you have a Delegation Code, please [Start Here](#).

# CoveredCA.com Update



Account Sign In | Español

**EXPLORE**  
What's Right For You

**PREVIEW**  
Health Plans

**APPLY**  
To Get Covered

**GET HELP**  
Find Answers

Home > Individuals and Families

<b>Getting Covered</b> 	<b>Special Circumstances</b> 	<b>Medi-Cal</b> 
<p>Learn more about health plans, coverage and options.</p>	<p>Learn more about other coverage options under the Affordable Care Act.</p>	<p>Learn about free or low-cost coverage for Californians with limited incomes.</p>
<p>Click here for information on the topics below: </p> <ul style="list-style-type: none"><li>• Coverage Basics</li><li>• Covered California Health Plans</li><li>• Prescription Drugs</li><li>• Special Enrollment</li><li>• Eligibility and Immigration</li><li>• The Application Process</li><li>• Health Care Costs and Getting Help Paying for Coverage</li><li>• The Tax Penalty for Remaining Uninsured</li><li>• Dental Coverage</li><li>• Health Coverage Options for Pregnant Women</li></ul>	<p>Click here for information about the following special circumstances: </p> <ul style="list-style-type: none"><li>• Health Insurance for Students</li><li>• Information for Veterans</li><li>• Medicare and the Affordable Care Act</li><li>• Benefits for American Indians and Alaska Natives</li><li>• Information for Individuals with HIV or AIDS</li><li>• Coverage Through COBRA</li></ul>	<p>Click here for information about Medi-Cal coverage: </p> <ul style="list-style-type: none"><li>• Sign in to Your Account</li><li>• Medi-Cal Application</li><li>• Renewing Medi-Cal Coverage</li><li>• Medi-Cal for Families</li><li>• Medi-Cal Benefits</li><li>• Using Your Coverage</li><li>• Department of Health Care Services (DHCS) website</li></ul>



# Consumer Education & Communication

## Family Dental Plans and Rates Booklet

- Added zip code section detailing dental plan options available for every California zip code
- Added dental clinical terms to benefit design pages and glossary



Family Dental  
PLANS AND RATES FOR 2016  
October 2015

# Shop and Compare Update



## What is Covered California?

**Important:** The health insurance plans and premiums displayed are for coverage starting **January 1, 2016**. These results provide an estimate only, you will see your actual rate once you complete the application. You'll need to re-enter your information during the enrollment process. If you're currently receiving affordable health insurance through an employer or a public program, you won't receive premium assistance for insurance purchased via Covered California.

Different health insurance plans and rates may be available for pregnant women. See <https://www.coveredca.com/individuals-and-families/special-circumstances/pregnant-women/>. Contact Covered California or your county Medi-Cal office for more information.

### Household Information

Household income \*

ZIP Code \*

Enter the **AGE** of each person, whether they are enrolling or not. Uncheck the **ENROLLING** box next to the age for those household members not enrolling. Note: Premium estimates assume same age for each member as of coverage effective date.

	Age	Enrolling	
Person 1	<input type="text" value="Age"/>	<input checked="" type="checkbox"/>	<input type="button" value="Remove"/>
	<input type="button" value="+ Add person"/>		
Total Enrolling:		<input type="text" value="0"/>	
Number of people in the household		<input type="text" value="0"/>	<input data-bbox="942 1219 967 1243" type="button" value="?"/>

# Shop and Compare Update

What is Covered California?

Enroll

Bronze/Silver Gold/Platinum

## Why choose Gold 80

Provider	Plan Name	Total Monthly Premiums	Action
	Kaiser Permanente Gold 80 HMO	\$423	<a href="#">VIEW DETAILS</a> <a href="#">Apply</a>
	Western Health Advantage Gold 80 HMO	\$443	<a href="#">VIEW DETAILS</a> <a href="#">Apply</a>
	Anthem Gold 80 PPO, a Multi-State Plan	\$463	<a href="#">VIEW DETAILS</a> <a href="#">Apply</a>
	Blue Shield Gold 80 PPO	\$466	<a href="#">VIEW DETAILS</a> <a href="#">Apply</a>

# Shop and Compare Update

Before selecting a plan to enroll in, always check the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) documents for specific costs. There may be variations between products that are not reflected here.

## STANDARD BENEFITS FOR INDIVIDUALS

Key benefits	Bronze 60	Silver 70	Gold 80	Platinum 90
	Benefits in Blue are Subject to Deductibles		Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum	
Individual Deductible	<b>\$6,000</b> medical deductible <b>\$500</b> pharmacy deductible	<b>\$2,250</b> medical deductible <b>\$250</b> pharmacy deductible	no deductible	no deductible
Family Deductible	<b>\$12,000</b> medical deductible <b>\$1,000</b> pharmacy deductible	<b>\$4,500</b> medical deductible <b>\$500</b> pharmacy deductible	no deductible	no deductible
Preventative Care Copay <sup>1</sup>	no cost	no cost	no cost	no cost
Primary Care Visit Copay	<b>\$70</b> <sup>2</sup>	\$45	\$35	\$20
Specialty Care Visit Copay	<b>\$90</b> <sup>2</sup>	\$70	\$55	\$40
Urgent Care Visit Copay	<b>\$120</b> <sup>2</sup>	\$90	\$60	\$40
Tier 1 (most generics) Drug Copay	<b>100%</b> up to <b>\$500</b> per script after deductible	\$15	\$15	\$5
Lab Testing Copay	\$40	\$35	\$35	\$20
X-Ray Copay	<b>100%</b> of your plan's negotiated rate	\$65	\$50	\$40
Emergency Room Facility Copay	<b>100%</b> of your plan's negotiated rate	<b>\$250</b>	\$250	\$150

# Questions?

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